**SCHOOL-BASED FEEDING PROGRAM (SBFP)**

**SY 2020 - 2021**

**PROGRAM TERMINAL REPORT – SBFP**

Region: X

Division: MALAYBALAY CITY

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Feeding / SBFP Coordinator School BAC

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Head PTA Representative

1. **NUTRITIOUS FOOD PRODUCTS - PROGRAM ACCOMPLISHMENT (60 DAYS)**

Status of Implementation:

First Day of Feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Day of Feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **FIRST TRANCHE**: **TOTAL:**

a. Completed \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ *feeding days*

b. Discontinued \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ *feeding days*

c. For continuation \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ *feeding days*

 TOTAL: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ *feeding days*

**B. MILK COMPONENT - PROGRAM ACCOMPLISHMENT (20 DAYS)**

Status of Implementation:

First Day of Feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Day of Feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Completed \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ *feeding days*

b. Discontinued \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ *feeding days*

c. For continuation \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ *feeding days*

 TOTAL: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ *feeding days*

*Note: Please attach a justification if feeding is NOT fully completed, duly signed by the SBFP*

 *Coordinator & School Head.*

**NUTRITIOUS FOOD PRODUCTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grade Level** | **Number of Beneficiaries** | **No. of Beneficiaries Dewormed (Community-based)** | **No. of Beneficiaries who are also 4Ps Beneficiaries** | **No. of Pupils who are Previous Beneficiaries of SBFP** |
| **Target** | **Actual** |
| Kinder |  |  |  |  |  |
| Grades 1-6 |  |  |  |  |  |
| TOTAL: |  |  |  |  |  |

|  |
| --- |
| **Financial Status** |
| **Amount Allocated** | **Amount Received from DO** | **Amount Disbursed** | **Amount Liquidated** |
|  |  |  |  |

**MILK COMPONENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grade Level** | **Number of Beneficiaries** | **No. of Beneficiaries Dewormed****(Community-based)** | **No. of Beneficiaries who are also 4Ps Beneficiaries** | **No. of Pupils who are Previous Beneficiaries of SBFP** |
| **Target** | **Actual** |
| Kinder |  |  |  |  |  |
| Grades 1-6 |  |  |  |  |  |
| TOTAL: |  |  |  |  |  |

1. **PERCENTAGE OF ATTENDANCE:**

**NUTRITIOUS FOOD PRODUCTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **OCTOBER 2020** | **NOVEMBER 2020** | **DECEMBER** **2020** | **Average of Months 1-3** |
| 1. Target Beneficiaries
 |  |  |  |  |
| 1. Actual No. of Beneficiaries who received the NFP
 |  |  |  |  |
| 1. Distribution Rate

\*B /A x 100%(Actual No. of Beneficiaries who received the NFP/Target Beneficiaries x 100%) |  |  |  |  |

**MILK COMPONENT**

|  |  |  |
| --- | --- | --- |
|  | DECEMBER 2020 | JANUARY 2021 |
| 1. Target Beneficiaries
 |  |  |
| 1. Actual No. of Beneficiaries who received the NFP
 |  |  |
| 1. Distribution Rate

\*B /A x 100%(Actual No. of Beneficiaries who received the NFP/Target Beneficiaries x 100%) |  |  |

1. **PROCUREMENT PROCESS**

**NUTRITIOUS FOOD PRODUCTS**

|  |  |
| --- | --- |
| **PROCUREMENT PROCESS** | **Presence / Use of Documents** |
| BIDDING | SMALL VALUE PROCUREMENT | RFQ | PHILGEPS Certificate | Abstract of Quotation | PO or Contract | Official Receipt | RER |
|  |  |  |  |  |  |  |  |

*Note:* Use / if done/present or X if not done/absent

**MILK COMPONENT: Agency to Agency**

**NARRATIVE REPORT**

1. **CONCOLIDATED ISSUES ENCOUNTERED and ACTIONS TAKEN & MONITORING FINDINGS**
2. **Issues Encountered, Actions Taken and Recommendations**
3. **GOOD PRACTICES or LESSONS LEARNED**

|  |
| --- |
| **NUTRITIOUS FOOD PRODUCTS** |
|  |

|  |
| --- |
| **MILK** **COMPONENT** |
|  |

1. **PERSONNEL INVOLVED**

|  |  |  |  |
| --- | --- | --- | --- |
| Names of School Personnel | Names of Parents | Names of Barangay Officials | Others or Names of NGOs, Civic Groups, etc |
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*Note:* Use separate page/s as needed

1. **PICTORIALS ( Please attached only 1-2 pictures for each activity)**
2. Orientation/ Coordination Meeting Attended
3. School SBFP Core Group Meeting, Parents Meeting and Orientation Conducted
4. Delivery, Inspection and Acceptance of NFP and Milk
5. Observance of Health Safety Protocol
6. Distribution of Ration using Eco-bag/Eco-Friendly materials ( School-Based/Drop-off point/House to House)
7. Distribution Area/Designated Room for Distribution
8. Storage of NFP (Bread and Fruit)
9. Food Handler’s Class Attended, if any
10. School SBFP Core Group/TWG
11. Hired Feeding Assistant/Parent Volunteer
12. First day of Feeding
13. Last Day of Feeding